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SERIAL NUMBER 10/817,055	FILING DATE 04/02/2004 RULE	CLASS 433	GROUP ART UNIT 3732	ATTORNEY DOCKET NO. HOARAU-01
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APPLICANTS

Yves R. Hoarau, Marina, CA;

Eric Hoarau, San Francisco, CA;

** CONTINUING DATA *****

None Ccs

** FOREIGN APPLICATIONS *****

None Ccs

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/18/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	7	41	4
Verified and Acknowledged	<i>Ccs</i> Examiner's Signature	Initials			

ADDRESS

John M. Macaulay
 2324 Temple Drive
 Davis, CA
 95616

TITLE

Intraoral data input tool

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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